U.S. Department of Labor Office of ∠abor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 26.				
700	2. Fiscal Year Covered From:			
	1 / 1 / 04 Through: 12 / 31 / 04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Kenneth Greiner	Name Sheet Metal Workers Local 12			
	Labor Organization File Number 043-400			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1200 Gulf Lab Road	Street 1200 Gulf Lab Road			
City Pittsburgh	City Pittsburgh			
State PA ZIP Code + 4 15238	State PA ZIP Code + 4 15238			
5. Position in labor organization. Business Agent				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Pesubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section of the correct of of				
Signed Sanneth C Freiner	On 7-8-05 412-828-5300 WORK Date Telephone Number			

Name	říf	Person	Filing
Name	Q1	L G1 2011	rillitig

Kenneth Greiner

File Number U- 356	
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8. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount.	
C. Daniel de la constant de la const		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name Jubelirer, Pass & Intrieri, P.C. Trade Name, if any:	Christmas gift of food and beverage valued at \$75.00 from law firm who represents Sheet Metal Workers Local 12.	
P.O. Box, Bldg., Room No., if any		
Street 219 Fort Pitt Boulevard	22.25 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	
City Pittsburgh		
State PA ZIP Code + 4 15222		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$75.00	
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